

PROFESSIONAL FUND RAISER (PFR)
LIST OF CHARITIES & CONTRACTS
For Whom Fund Raising Services Are to be Provided

LISA MADIGAN
ATTORNEY GENERAL

PFR NAME _____ PFR # 02- _____

MANAGEMENT PERSON(S) WHO PREPARE THIS FORM. _____

SUBMIT A COPY OF EACH CONTRACT WITH REGISTRATION.
LIST CHARITIES FOR WHOM FUNDRAISING SERVICES ARE TO BE PROVIDED.
PROVIDE the following BANK ACCOUNT INFORMATION FOR ALL ACCOUNTS USED TO DEPOSIT FUNDS
SOLICITED FOR OR ON BEHALF OF EACH CHARITY LISTED:

Contract Info: CO# 01- _____	Charity Name, City, State:	<u>Contract</u> Contract Date: ____/____/____ <u>Terms:</u> Beginning: ____/____/____ Ending: ____/____/____
Bank Account Information:	Name of Bank: Address of Bank: Acct. #	Signatory Control of Bank Acct: <input type="checkbox"/> PFR <input type="checkbox"/> Charity <input type="checkbox"/> Escrow/Caging <input type="checkbox"/> Other describe: _____
Contract Info: CO# 01- _____	Charity Name, City, State:	<u>Contract</u> Contract Date: ____/____/____ <u>Terms:</u> Beginning: ____/____/____ Ending: ____/____/____
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COMPLETE AS MANY COPIES OF FORM PFR-06 AS NEEDED TO LIST ALL CHARITIES FOR WHICH FUND RAISING SERVICES ARE TO BE PROVIDED. A COMPLETED COPY OF THIS FORM MUST BE SUBMITTED WITH EACH NEW CONTRACT FILED.

Contract Info: CO# 01- _____	Charity Name, City, State:	<u>Contract</u> Contract Date: ____/____/____ <u>Terms:</u> Beginning: ____/____/____ Ending: ____/____/____
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